

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Stamp (Received)

JUL 14 2014

Bayer Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>90,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>ST/DF</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation				<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(28 x 32)	896
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
	<input checked="" type="checkbox"/>	with a Deck	(10 x 15)	150
Commercial Use		with (2 nd) Deck	(X)	
	<input checked="" type="checkbox"/>	with Attached Garage	(24 x 24)	576
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
Municipal Use	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
Rec'd for Issuance				
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Owner(s): JOE TERRY

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

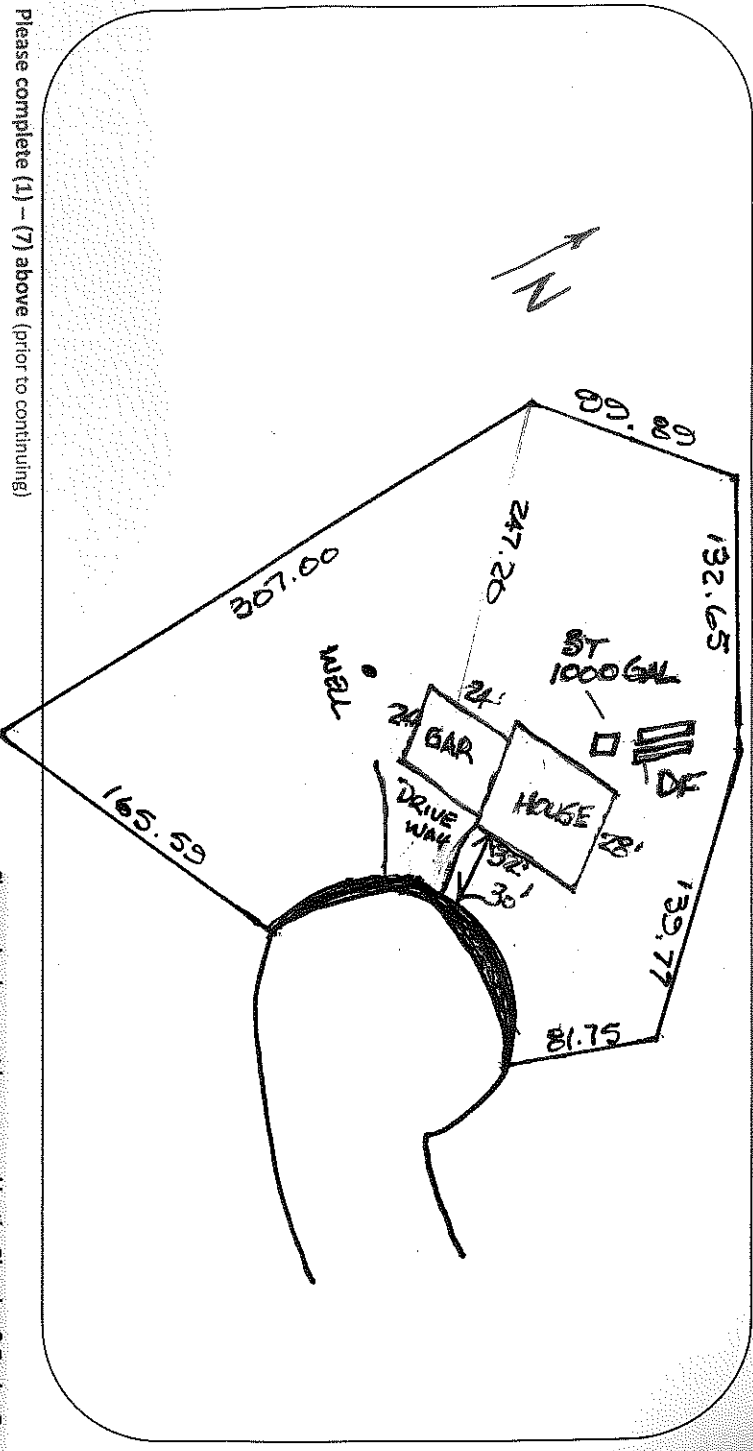
657 GREEN CT ALASKA, W. 99560

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W), (*) Septic Tank (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	2130.4 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	2830.4 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	2880 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	2 NA Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	25 Feet
Setback to Drain Field	210 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 14-495	# of bedrooms: 3	Sanitary Date: 7-23-14
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0818		Permit Date: 7-28-14		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (ARB)		
Well Staked. Metadata attached		Lakes Classification (NA)		
Date of Inspection: 7-24-14		Inspected by: M. Fuchs		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Signature of Inspector: Michael Fuchs				
Date of Approval: 7-25-14				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
JUL 11 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0219
Date: 7-28-14
Amount Paid: \$785 7-11-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER		
Owner's Name: Plain & Nestel		Mailing Address: 44745 Big Brook Rd Cable, WI 54821		City/State/Zip:		Telephone: 798-3374				
Address of Property: 44250 Big Brook Rd		City/State/Zip: Cable, WI 54821		Cell Phone:		Plumber Phone:				
Contractor: Self		Contractor Phone:		Plumber:		Plumber Phone:				
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PROJECT LOCATION: NE 1/4, SW 1/4		Gov't Lot		Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Recorded Document: (i.e. Property Owners' Plat) Volume 1081 Page(s) 718
Section 11, Township 43 N, Range 8 W		Town of: Cable		Lot Size		Acreage 20				
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: _____ feet						

Value at Time of Completion * include donated time & material \$ 5,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	New Construction		<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City	
							Addition/Alteration		<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well	
							Conversion		<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____	
							Relocate (existing bldg)		<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	Specify Type: _____	<input type="checkbox"/> _____	
							Run a Business on Property		<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	Specify Type: _____	<input type="checkbox"/> _____	

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 30 Height: 20
Proposed Construction: address length: 27 / 63 Width: 30 Height: 20

Proposed Use	Proposed Structure	Dimensions	Square Footage	Principal Structure (first structure on property)		() X)	
				Residence (i.e. cabin, hunting shack, etc.)		() X)	
				with Loft		() X)	
				with a Porch		() X)	
				with (2 nd) Deck		() X)	
<input checked="" type="checkbox"/> Residential Use	Proposed Structure	Dimensions	Square Footage	with (2 nd) Deck		() X)	
				with Attached Garage		() X)	
				Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		() X)	
				Mobile Home (manufactured date) _____		() X)	
				Addition/Alteration (specify) _____		() X)	
<input type="checkbox"/> Commercial Use	Proposed Structure	Dimensions	Square Footage	Accessory Building (specify) _____		() X)	
				Accessory Building Addition/Alteration (specify) Pole bldg		() 27 x 30)	210
				Special Use: (explain) _____		() X)	
				Conditional Use: (explain) _____		() X)	
				Other: (explain) _____		() X)	
Rec'd for Issuance							
JUL 25 2014							
Secretarial Staff							

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): X Plain & Nestel
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 7-10-14

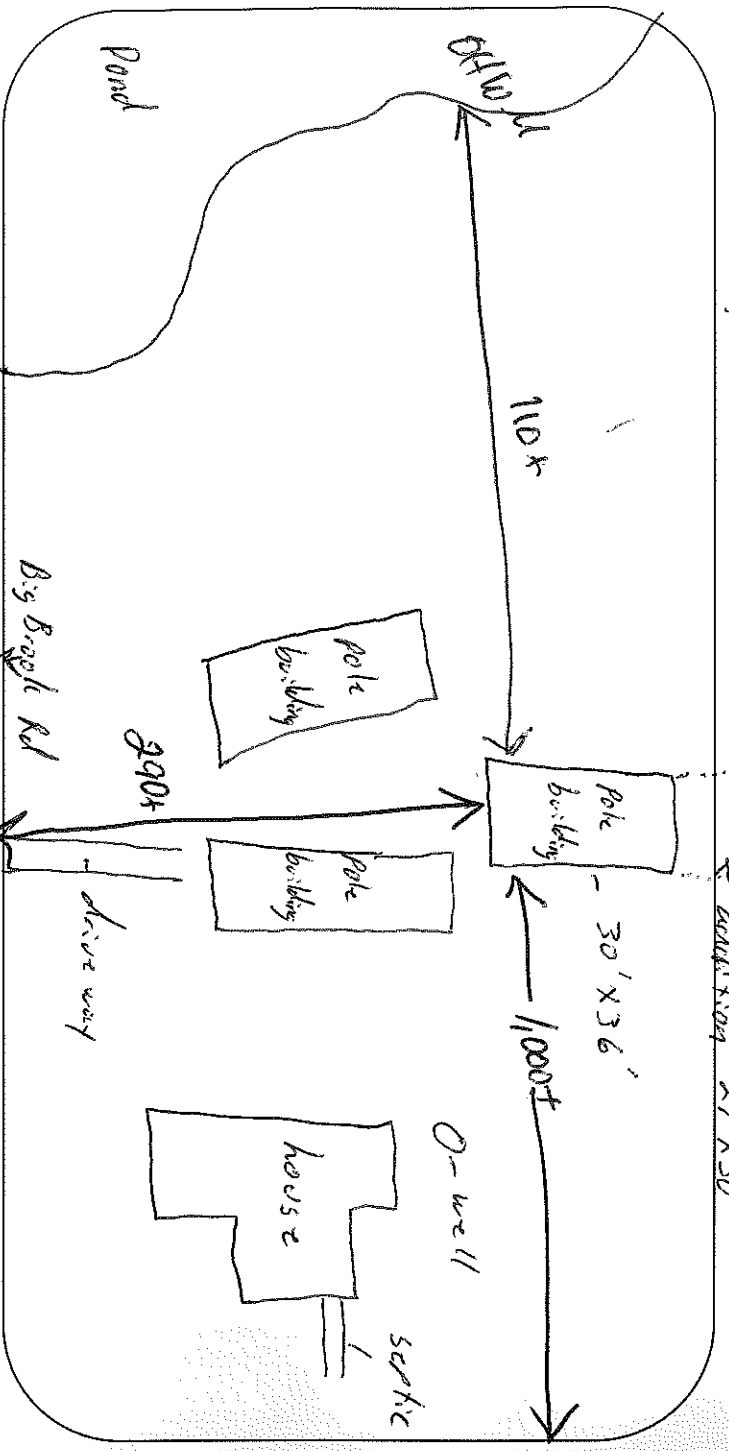
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 44745 Big Brook Rd Cable, WI 54821

Attach
Copy of Tax Statement
✓

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
2 OTHER OWNERS SIGNATURES OR LETTER OF AUTH. 12-0158

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	390' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	380' Feet	Setback from the River, Stream, Creek	110' Feet
Setback from the North Lot Line	400' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	1,000' Feet	Setback from Wetland	120' Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1,000' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	300' Feet	Setback to Well	150 Feet
Setback to Drain Field	200' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0819		Permit Date: 7-25-14		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel In Common Ownership		<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:				
Well Staked. Metal setbacks.				
Date of Inspection: 7-24-14		Inspected by: M. Fustala		Zoning District (F-1)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, they need to be attached.)		Lakes Classification (3)		
May not be used for human habitation, No water under pressure in structure.				
Signature of Inspector: Michael Fustala		Date of Approval: 7-25-14		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DECEMBER 17 2014
Bayfield Co. Zoning Dept.

Permit #: 14-06634
Date: 7-28-14
Amount Paid: \$185 7-16-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Jennifer Jacobs (Bobby)	Mailing Address: 19795 S. Sweden	City/State/Zip: Grand View, WI 54834	Telephone:
Address of Property: 13425 Highway M	City/State/Zip: Cable, WI 54821	Cell Phone: 574-638-4978	
Contractor: Wade Spears	Contractor Phone: 715-789-6896	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: W 185 1/4	Legal Description: (Use Tax Statement) 04-012-2-43-07-18-200-307-05000	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) Volume 1122 Page(s) 538
Gov't Lot	Lot(s)	CSM	Vol & Page
			5-8 1
Section 18, Township 43 N, Range 7 W	Town of: Cable	Lot Size	Acres 5.57

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$ 1100	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	Specify Type: (New) Sanitary	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: (New) Sanitary	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		

Existing Structure: (If permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	<input type="checkbox"/> with Loft	() X ()	
	<input type="checkbox"/> with a Porch	() X ()	
	<input type="checkbox"/> with (2 nd) Porch	() X ()	
	<input type="checkbox"/> with a Deck	() X ()	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 nd) Deck	() X ()	
	<input type="checkbox"/> with Attached Garage	() X ()	
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Mobile Home (manufactured date)	() X ()	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) Front Deck	() X ()	12 X 301 360
	<input type="checkbox"/> Accessory Building (specify)	() X ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X ()	
	<input type="checkbox"/> Special Use: (explain)	() X ()	
	<input type="checkbox"/> Conditional Use: (explain)	() X ()	
	<input type="checkbox"/> Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I am (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners: Jennifer Jacobs Bobby Jacobs
Date 7/15/14
Authorized Agent: Secretarial Staff
Date

Address to send permit Jennifer Jacobs P.O. Box 85 Cable, WI 54821
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road <i>6 M</i>	40 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way <i>6 M</i>	14 Feet	Setback from the River, Stream, Creek	<i>NA</i> Feet
Setback from the North Lot Line <i>6 M</i>		Setback from the Bank or Bluff	<i>NA</i> Feet
Setback from the South Lot Line	135 Feet	Setback from Wetland	<i>NA</i> Feet
Setback from the West Lot Line	30 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	<i>NA</i> Feet
Setback to Septic Tank or Holding Tank		Setback to Well	35 Feet
Setback to Drain Field	<i>NA</i> Feet		
Setback to Privy (Portable, Composting)	<i>NA</i> Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

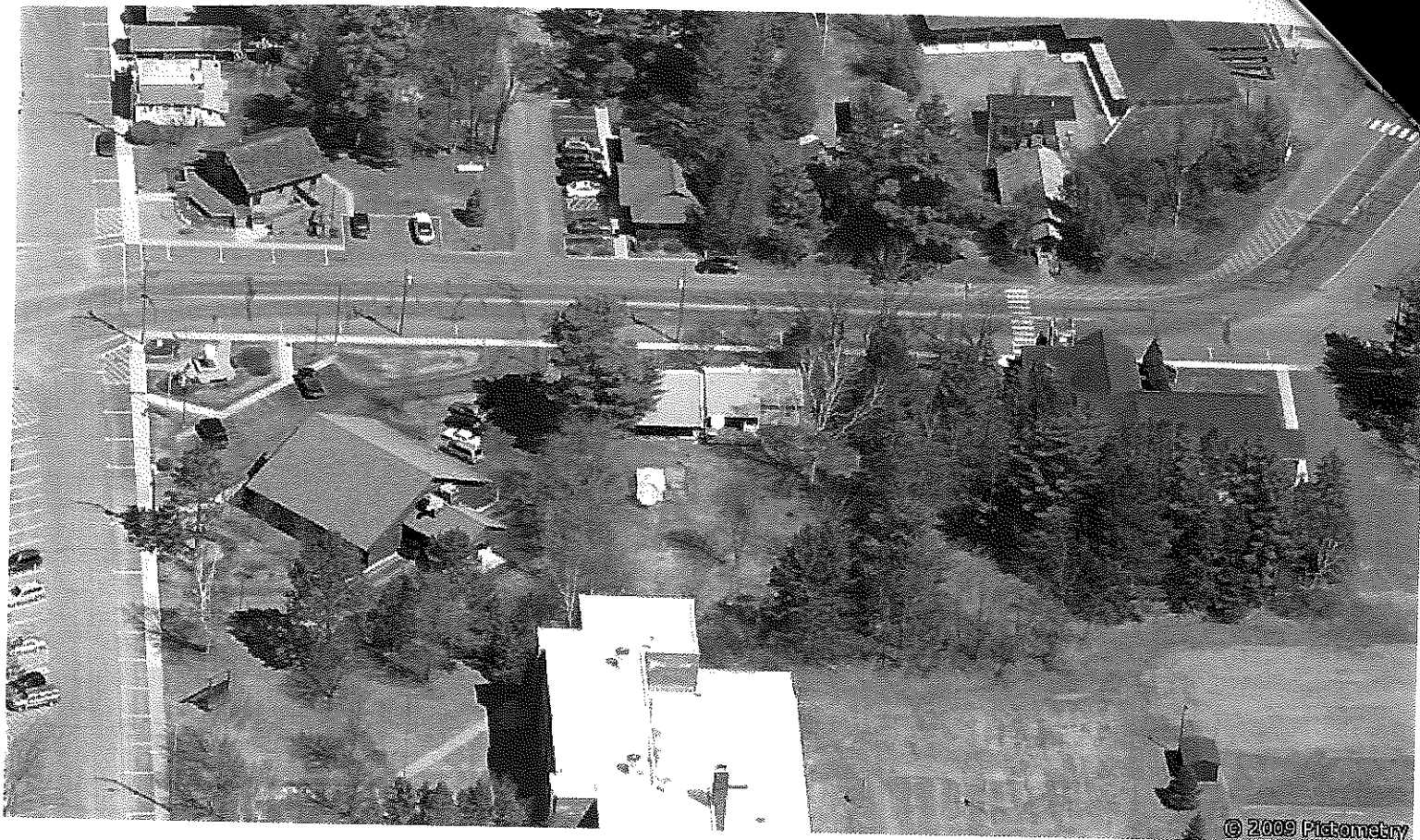
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <i>City</i>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: <i>14-0334</i>	Permit Date: <i>7-28-14</i>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:				
<i>Met all setbacks.</i>				
Date of Inspection: <i>7-24-14</i>	Inspected by: <i>M. Fustak</i>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
<i>Contact OSFS regarding state plan approval.</i>				
Signature of Inspector: <i>Michael Fustak</i>				Date of Approval: <i>9-25-14</i>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



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Print Date: 07/17/2014
Image Date: 04/23/2009
Level: Neighborhood

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road <i>Co Hwy 14</i>	<i>40 + 250</i> Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	<i>14'</i> Feet	Setback from the River, Stream, Creek	<i>N/A</i> Feet
Setback from the North Lot Line	<i>60 M</i> Feet	Setback from the Bank or Bluff	<i>N/A</i> Feet
Setback from the South Lot Line	<i>185 +</i> Feet	Setback from Wetland	<i>N/A</i> Feet
Setback from the West Lot Line	<i>180 +/-</i> Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	<i>30</i> Feet	Elevation of Floodplain	<i>N/A</i> Feet
Setback to Septic Tank or Holding Tank		Setback to Well	<i>15</i> Feet
Setback to Drain Field	<i>N/A</i> Feet		
Setback to Privy (Portable, Composting)			

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For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <i>City</i>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <i>14-00005</i>		Permit Date: <i>7-28-14</i>		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Were Property Lines Represented by Owner Was Property Surveyed		
<i>Meets all setbacks.</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Inspection: <i>7-24-14</i>		Inspected by: <i>M. Fuchs</i>		Zoning District (C)
				Lakes Classification (N/A)
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
<i>Contact OSRS regarding state plan approval.</i>				
Signature of Inspector: <i>Michael P. Swick</i>		Date of Approval: <i>7-25-14</i>		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

